

APPLICATION FOR AERO-MEDICAL CENTRE APPROVAL

1. Applicant		
1.1 Applicant Data		
1.1.1 DGCA Approval reference (if held)		
1.1.2 Name (registered business name)		
1.1.3 Address (registered business address)	Street / Nr	
	Post Code	
	City	
	Country	
1.1.4 Contact Person (responsible for this application)	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Name	
	Job title	
	Phone/Fax	
	Email	
1.2 Aero-medical Centre (for which approval is requested)	<input type="checkbox"/> Same as Applicant Data in section 1 (→ continue with section 1.3)	
1.2.1 Aero-medical Centre Name	<input type="checkbox"/> Same as in section 1.1.2 Applicant Name	
	<input type="checkbox"/> Other (please specify below)	
1.2.2 Aero-medical Centre Address	<input type="checkbox"/> Same as in section 1.1.3 Address	
	<input type="checkbox"/> Other (please specify below)	
	Street / Nr	
	Post Code	
	City	
Country		
1.2.3 Use Annex I below to list all medical and technical facilities related to scope of approval including auxiliary clinical sites. (if different from 1.2)		

1.3 Billing Data		<input type="checkbox"/> Same as Applicant Data in section 1.1 (→ continue with section 1.4)	
1.3.1 Applicant Name	<input type="checkbox"/> Same as in section 1.1.2 Applicant Name		<input type="checkbox"/> Other (please specify below)
	Name		
1.3.2 Billing Address	<input type="checkbox"/> Same as in section 1.1.3 Address		<input type="checkbox"/> Other (please specify below)
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
1.3.3 Contact Person (Financial)	<input type="checkbox"/> Same as in section 1.1.4 Contact Person		<input type="checkbox"/> Other (please specify below)
	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
	Name		
	First name		
	Job title		
	Phone /Fax		
1.3.4 Financial Contact Email Invoice copy will be issued to this address			
1.4 Application Details			
<input type="checkbox"/> Initial Approval			
<input type="checkbox"/> Change Approval	DGCA Approval N°:		
<input type="checkbox"/> Renewal of Approval	DGCA Approval N°:		
Intended commencement of activity on (for initial approval)	(dd Month yyyy)		
2. Head of AeMC (Accountable Manager)			
2.1 Name			
2.2 AME certificate reference			
2.3 Class 1 privilege since	(dd Month yyyy)		
3. Name of qualified AME(s)			
Use Annex II to list all qualified AMEs, medical staff and supporting specialist consultants.			
4. Proposed administration documents and manuals submitted with application			
<input type="checkbox"/> Procedures manual (exposition)	<input type="checkbox"/> Other Manual(s)		
<input type="checkbox"/> Head of AeMC CV	<input type="checkbox"/> Documents of clinical attachment, or liaison with designated hospitals, or medical institutes		
<input type="checkbox"/> Staff Training Records			

5. Details of proposed compliance monitoring system

Item	Reference in the organisation's documentation
5.1 Detailed description of the compliance monitoring function of the management system	Please enter the reference in your organisation's documentation
5.2 List, table or cross-reference indicating what means and methods are dedicated to achieve initial and continued compliance with each implemented requirement applicable to the organisation	Please enter the reference in your organisation's documentation
5.3 Means and methods establishing the internal audit process	Please enter the reference in your organisation's documentation
5.4 Means and methods establishing the feedback system of audit findings to the accountable manager	Please enter the reference in your organisation's documentation
5.5 Nominated person or group of persons, ultimately responsible to the Head of AeMC (accountable manager) of ensuring that the organisation remains in compliance with the applicable requirements	Please enter the reference in your organisation's documentation
5.6 Means and methods making personnel aware of their responsibilities	Please enter the reference in your organisation's documentation
5.7 Procedure for amending the documentation	Please enter the reference in your organisation's documentation
5.8 Means and methods to ensure initial and continued compliance of contracted activities	Please enter the reference in your organisation's documentation
5.9 Compliance with the requirement for the direct safety accountability of the Head of AeMC (accountable manager)	Please enter the reference in your organisation's documentation
5.10 Compliance with the requirement for the organisation's safety policy	Please enter the reference in your organisation's documentation
5.11 Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods)	Please enter the reference in your organisation's documentation
5.12 Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)	Please enter the reference in your organisation's documentation
5.13 Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)	Please enter the reference in your organisation's documentation
5.14 Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)	Please enter the reference in your organisation's documentation

6. Applicant's declaration

I declare that I have the legal capacity to submit this application to Kuwait DGCA and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by Kuwait DGCA in accordance with KCASR 27 (Charges and Fees).

I, the undersigned, on behalf of the applicant identified in 1.1.2 above certify that all the above named persons are in compliance with the applicable requirements and that all the above information given is complete and correct.

Date/Place	Name of Head of AeMC (Accountable Manager)	Signature

This Application and any additional document should be sent by regular mail to:

Aviation Safety Department
Kuwait DGCA
Kuwait

Fax: +965-24762755

E-mail: safety@dgca.gov.kw

Annex I: List of medical and technical facilities including auxiliary clinical sites.

Medical & technical facilities related to scope of approval & auxiliary clinical sites.			Type of Medical Examination
1.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
2.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
3.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
4.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		
5.	Name		<input type="checkbox"/> Clinical attachment <input type="checkbox"/> for initial class 1
	Street / Nr		
	PO Box		
	Post Code		
	City		
	Country		

Insert additional lines if necessary

Annex II: List of qualified AMEs, medical staff and supporting specialist consultants

Identification and qualifications		Certificate & role	Type of Employment
1.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
2.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
3.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
4.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	
5.	Name	Certificate Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications	<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant	

Insert additional lines if necessary

Completion Instructions for the Application :

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for AeMC Organisation Approval. Please complete the form in a **clearly legible** way.

Section 1: Applicant

- 1.1.1 If already holding an approval, please enter your DGCA approval reference.
- 1.1.2 Please enter the full **name of the company** as it appears on the Business Registration of incorporation of the company. If applicable also enter the Trade Name.
- 1.1.3 Please enter the address of the registered office as it appears on the Business Registration of incorporation of the company.
- 1.1.4 The name and contact details specified in this section are those of the person responsible for the application.
- 1.2.1 The (company) name specified in this section will be printed on the certificate Kuwait DGCA will issue.
- 1.2.2 The address specified in this section, the registered business address, will be printed on the certificate Kuwait DGCA will issue.
- 1.3.1 The (company) name specified in this section will be printed on the invoice/s Kuwait DGCA will issue.
- 1.3.2 The address specified in this section will be printed on the invoice/s Kuwait DGCA will issue.
- 1.3.3 The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the Kuwait DGCA invoices. (e.g. accounts payable clerk)
- 1.3.4 Invoice copy will be issued to this email address.
- 1.4 Please select the appropriate type of application

Section 2. to 6.

- 2.1 Please provide the First Name and the surname of Head of AeMC (Accountable Manager)
- 2.2 Reference of AME Certificate of the Head of AeMC
- 2.3 Date when AME Certificate of the Head of AeMC was extended to class 1 privilege
- 3. Please list in Annex II all qualified AMEs, medical staff and supporting specialist consultants. This list must match the lists in the manuals of the organisation.
- 4. Tick each relevant box to indicate if the document is attached to the application form.
- 5. For each item listed (5.1 to 5.14), provide the reference of the documented evidence available in the organisation's manuals or controlled documentation.
- 6. Please make sure that the Head of AeMC (Accountable Manager) signs the application form.